# PRICE SCHEDULE

(For Goods Offered from Abroad)

PROC	URING	G ENTITY : PHILIPPI	NE CHILDREN'S	NAME OF BIDDER :						
INVITATION TO BID NO. : IB-2024-112										
1		2	3	4	5	6	7	8	9	10
Qty	Unit	Item	Description Item (Brand / Make / Model		Country of Origin Manufacturer		Total CIF or CIP price per item (col. 1 x 6)		Unit price Delivered Duty Paid (DDP)	Total Price delivered DDP (col 1 x 9)
1	unit	Supply and Delivery of Heavy Duty Defibrillator <i>Total ABC =</i> <i>Php1,500,000.00</i>								
• Bids will be valid for one hundred twenty (120) days and it shall remain binding upon us and may be accepted at any time before the expiration of that period;								<b>TERMS OF PAYMENT</b> (For discounts being offered, if there's any. Otherwise, state "NONE"):		
		has the right to reject any or a to any bidder whose proposa	•	•	• •	•	NAME AND S	IGNATURE OF A	AUTHORIZED RE	E <b>PRE</b> SENTATIVE

## PRICE SCHEDULE

(For Goods Offered from within the Philippines)

PROCURING ENTITY : PHILIPPINE CHILDREN'S MEDICAL CENTER								NAME OF BIDDER :			
INVIT	ATION	TO BID NO. : IB-2024	4-112								
1		2	3	4	5	6	7	8	9	10	11
Qty	Unit	Item	Description (Brand / Make / Model)	Country of Origin	Manufacturer	Unit Price EXW per item	Transportation and all other costs incidental to delivery, per item	sales and other taxes payable if Contract is awarded, per item	Cost of Incidental Services, if applicable, per item	Price, per unit (col 6+7+8+ 9)	Total Price delivered Final Destination (col 10) x (col 1)
1	unit	Supply and Delivery of Heavy Duty Defibrillator <i>Total ABC =</i> <i>Php1,500,000.00</i>									
• Bids will be valid for one hundred twenty (120) days and it shall remain binding upon us and may be accepted at any time before the expiration of that period;						<b>TERMS OF PAYMENT</b> (For discounts being offered, if there's any. Otherwise, state "NONE"):					
•		has the right to reject any or a idder whose proposals as eva			• •	•	nd award the contract	NAME AND S.	IGNATURE OF A	AUTHORIZED RI	EPRESENTATIVE

#### PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City

## TECHNICAL SPECIFICATIONS IB-2024-112

**Instruction:** Accomplish this form by presenting a clear statement of your offer. <u>Please write the specific, precise and</u> <u>complete statement</u> which complies with the required specifications. <u>DO NOT write "COMPLY"</u> or the page numbers of the brochure/data sheet, etc.

	1	1	PCMC REQUIREMENT	BIDDERS' OFFER TO COMPLY WITH		
QTY 1	UNIT		Item Description	THE PCMC REQUIREMENTS		
	unit	Defib	orillator including Internal Paddles			
		A. Sp	pecifications of the Main Equipment			
			Multiple Modes: Manual defibrillation, Cardioversion,			
		1.	AED, SYNC, Non-Invasive Pacing, Heart Rate and ECG			
		1.	Monitoring, Non- Invasive Blood Pressure and CO2			
			Monitoring			
		2.	Display Parameters: ECG and size, HR, Pulse Rate,			
			Respiration Rate, NIBP, SPO2, ETC02			
			Display Indications: Analyzing, Charging, Charge, Time of			
			discharge after power ON, Same message as voive in AED			
		_	mode, SYNC, AED mode, AED mode (Child), Fixed mode,			
		3.	Demand mode, Pacing spike, Pacing rate, Pacing current,			
			(AC operation), Lead select, Battery mark (remaining operation time), Alarm, TIME, Connection strength for			
			Bluetooth, Recorder status, SD card status			
			Display: At least 6.5 inches, Color TFT LCD, Viewing area			
		4.	at least 5 x 4 inches (WxH) or better, Resolution at least 640 x 480 pixels (HxV), Luminance at least 1000 cd/m2,			
			Number of tracings at least 4			
		5.	Biphasic, truncated exponential constant power			
		6.	Intuitive multi-step operation design			
			Dimension: Compact and portable with height not higher			
		7.	than 13 x 12 x 10 inches (WxHxD) and weight not more			
			than 7 kgs (including battery and external paddle)			
		_	External Paddles: Romovable and with adult and pediatic			
		8.	paddles.			
		9.	Built-in Printer			
		10.	Parameters			
			3 or 6 lead ECG			
			Heart rate count range: 15-300 bpm (defibrillation mode and monitor mode) and 15-220 bpm (pacing mode)			
			Pulse rate count range: 30 to 300 bpm			
			Baseline recovery time less than 3 seconds after 270J defibrillation			
			Non-invasive pacing: Demand or fixed mode selectable			
			Pacing pulse rejection available			
			QRS detection level input conversion 0.5 mV or more			
			(at x1 sensitivity)			
			Sensitivity control 1/8, 1/4, 1/2, 1, 2, 4, 8, AUTO AED with Adult/Child mode available with voice			
			Upgradable Unit			
		11	Defibrillation			
		1	Output Energy External Paddle: 2, 3, 5, 7, 10, 15, 20,			
			30, 50, 70, 100, 150, 200 up to 270J			
			Output Energy Internal Paddle: 2, 3, 5, 7, 10, 15, 20, 30 up to 50J			
			Disposable Pacing Pad: 2, 3, 5, 7, 10, 15, 20, 30, 50,			
			70, 100, 150, 200 up to 270J			
			AED mode (Adult): 1st 150J, 2nd 200J, 3rd 200J			
			AED mode (Child): 1st 50J, 2nd 70J, 3rd 70J			
			Charging Time: Less than 4 seconds at 200J and 5			
			seconds at 270J (both AC and fully charged battery			
			operation)			
		12	Recorder Recorded Waveforms: ECG and when available,			
		1	ECG+SPO2, ECG+CO2			

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QTY	UNIT		PCMC REQUIREMENT Item Description	BIDDERS' OFFER TO COMPLY WITH THE PCMC REQUIREMENTS
1	unit	Defib	rillator including Internal Paddles	
			-	
			Recording Modes: Manual recording, Real time	
			recording, Delayed recording, Event recording, Trend	
			report, Self test result, Basic check result, Operation	
			history/Device condition history, Automatic recording	
			alarm report, 3 Defibrillation recording, Periodic list	
			report	
			Thermal printer: 50 mm roll	
		13	Battery and Operation Time	
			Ni-MH battery, voltage 12.0V (9.0 to 18.0V), capacity 2800mAh	
			With fully charged new battery at 20C : min 100	
			discharges at 270J or min 180 minutes continuous	
			monitoring or min 120 minutes pacing	
			Charging time not >3 hours (with AC and power off)	
		14	Quality and Maintenance	
			Hospital grade equipment	
			Generic thermal printer paper	
	1	1	Easily cleaned with standard sterilizing materials	
		15	Quality and Maintenance	
			The unit will be operated at 230 volts, 3-Pin Power	
		10	Plug/Cable, strictly at 60 hertz	
			(If the unit/s is 50/60Hz, provide UPS with frequency	
			converter when needed)	
		17	With built-in battery for detection and life saving equipment and no separate voltage conversion	
		18	Power consumption ( <i>must be clearly stipulated</i> )	
		19	Mechanical parts should be of heavy-duty type	
		20	Equipment should be maintainable and serviceable	
			r Specifications: ( <i>please indicate if applicable</i> )	
		othe	specifications (prease materie y apprease)	
			BRAND	
			MAKE/MODEL	
		B. Co	nsumables to be provided	
		1	Thermal paper roll: 20 rolls	
		2	Electrodes: Adut 50 pcs, Pedia 100 pcs	
		3	SD Card 1TB	
		-	ccessories to be provided	
		1	ECG connector and leads clip type (at least 2 sets)	
		2	NIBP hose, NIBP cuff for infant, pedia and adult	
		3	Spo2 Sensor for infant, pedia and adult	
		3	Mainstream ETCO2 Sensor for instubated and non-	
		4	intubated patient, lightweight not morethan 5g	
			AED cable (at least 2 sets) & Pads Adult (at least 5pcs),	
		5	Pedia (at least 5pcs)	
		6	Internal paddle electrode, 35 mm dia, 1 pair/set,	
		7	Internal paddle electrode, 75 mm dia, 1 pair/set	
		8	Internal paddle electrode, 55 mm dia, 1 pair/set	
		9	ECG Cable	
			Hospital grade trolley cart with die cast aluminum base with	
			height of 100-110 cms, sturdy slide-in/mount/angled	
		10		
		10	support custom made for the size and weight of the	
			defibrillator machine, balanced 5-wheel roll stand, silent	
		D W	caster wheels with brakes and metal basket	
			arranty At least 2 years on parts and services	
	1	1		
			Quarterly preventive maintenance on warranty period	

#### PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City

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		PCMC REQUIREMENT	BIDDERS' OFFER TO COMPLY WITH THE PCMC REQUIREMENTS		
QTY	UNIT	Item Description			
1	unit	Defibrillator including Internal Paddles			

PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government.

NAME OF COMPANY

ADDRESS

SIGNATURE OVER PRINTED NAME

TELEPHONE / FAX NO.